

HERTFORD COUNTY EMPLOYEE STATUS SHEET

Department _____ Date Submitted _____ Employee ID # _____

ORIGINAL EMPLOYMENT

Name _____ Age _____ Employee ID # _____

Employment Start Date _____ Position Title _____

Position # _____ Grade _____ Salary: Annual \$ _____ Hourly \$ _____

CURRENT EMPLOYMENT STATUS

Name _____ Age _____ Employee ID # _____

Employment Start Date _____ Position Title _____

Position # _____ Grade _____ Salary: Annual \$ _____ Hourly \$ _____

STATUS CHANGE

New Name (if applicable) _____ Age _____

Department Change (if applicable): New Department Name _____

Change Effective Date _____ *Type of Change _____

If Promotion, Reason _____

New Position Title _____

New Position # _____ Grade _____

Salary Change: (increase or decrease) _____ New Salary: Annual \$ _____ Hourly \$ _____

APPROVAL

Department Head Date

Human Resources Date

Finance Director Date

County Manager Date

** Promotion, Demotion, Transfer, Suspension, Separation, Cost of Living Increase, Performance Increase, FMLA (Family Medical Leave Act), Regular Status, LWOP (Leave Without Pay)*

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.